
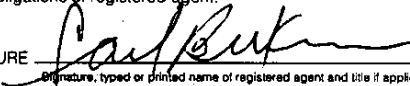
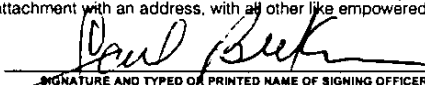


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90083 036 ****61.25

| | | | | | |
|--|----------------------------|--|---|--|--|
| DOCUMENT # N23538 | | | |  | |
| 1. Entity Name THE LEXINGTON CLUB COMMUNITY ASSOCIATION, INC | | | | | |
| Principal Place of Business % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS, FL 33067 | | | Mailing Address % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES RD CORAL SPRINGS, FL 33067 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0028393 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KROKOFF, LESTER 7549B LEXINGTON CLUB BLVD DELROAY BEACH, FL 33446 | | | | James N. Reyer, Attorney at Law Street Address (P.O. Box Number is Not Acceptable) 5301 N. Federal Highway Suite 130 City Boca Raton FL Zip Code 33487 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | | | DATE <u>4/11/07</u> | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROBERT, LEVINE | | NAME | Berkman, Carl | |
| STREET ADDRESS | 7557 LEXININM CLUB BLVD | | STREET ADDRESS | 7724 B Lexington Club Blvd. | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 | | CITY-ST-ZIP | DELRAY BEACH FL 32446 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | VP. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMON, ALVIN | | NAME | Levine, Robert | |
| STREET ADDRESS | 7620 A LEXINGTON CLUB BLVD | | STREET ADDRESS | 7557A Lexington Club Blvd. | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 | | CITY-ST-ZIP | DELRAY BEACH FL 33446 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | VP 2nd | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AVRUCH, MORRIS | | NAME | Diamond, She | |
| STREET ADDRESS | 7776 B LEXINGTON CLUB BLVD | | STREET ADDRESS | 7620A Lexington Club Blvd. | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 | | CITY-ST-ZIP | DELRAY BEACH FL 33446 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete | TITLE | Sec. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KROKOFF, LESTER | | NAME | Halzel, Michael | |
| STREET ADDRESS | 7549 B LEXINGTON CLUB BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | Treas. | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | | NAME | Labush, Bernard | |
| STREET ADDRESS | | | STREET ADDRESS | 7644 A Lexington Club Blvd. | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | DELRAY BEACH FL 33446 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | | Date <u>4/11/07</u> Daytime Phone # <u>954-344-5353</u> | |